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FACSIMILE TRANSMITTAL FORM

TO: Group Art Unit 3736 DATE: November 7, 2006  
Examiner Kristin D. Rogers  
COMPANY: United States Patent and Trademark Office

FACSIMILE NO.: 571-273-8300

FROM: Richard J. Godlewski

NO. OF PAGES 10  
(including this cover sheet).

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In Re Application of: Hartley et al. Customer No.: 9896  
Atty. Docket No.: PA-5340-RFB  
Serial No.: 10/645,089 Group Art Unit: 3736  
Filed: August 21, 2003 Examiner: Rogers, Kristin D  
Title: VARIABLE STIFFNESS ATRAUMATIC GUIDE WIRE

RESPONSE UNDER 37 CFR 1.116  
- EXPEDITED PROCEDURE -  
EXAMINING GROUP 3736

Please enter and make of record the enclosed response to application Serial No. 10/645,089. The following documents are enclosed with this transmission:

Transmittal of Response to Advisory Action (2 pages)  
Petition and Fee For Extension of Time (2 pages)  
Response to Advisory Action (3 pages)  
Affidavit (2 pages)



Richard J. Godlewski  
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Serial No. 10/645,089

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CERTIFICATION OF FACSIMILE TRANSMISSION	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being facsimile transmitted to the Patent and Trademark Office on the date shown below.	
<p><u>November 7, 2006</u></p> <p>Date</p>	<p><u>Pamm Garwood</u> (Typed or printed name of person signing certification)</p> <p><u>Pamm Garwood</u></p> <p>Signature</p>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of: Hartley et al.

Applicant Docket No.: PA-5340-RFB

Group Art Unit: 3736

Serial No.: 10/645,089

Examiner: Rogers, Kristin D

Filed: Filed: August 21, 2003

TITLE: VARIABLE STIFFNESS ATRAUMATIC GUIDE WIRE

MAIL STOP AMENDMENT  
COMMISSIONER FOR PATENTS  
ALEXANDRIA, VA 22313

TRANSMITTAL OF RESPONSE TO ADVISORY ACTION

SIR:

Please make of record the following papers relating to the above-identified application:

Petition and Fee For Extension of Time (2 pages)  
Response to Advisory Action (3 pages)  
Affidavit (2 pages)

FEE FOR CLAIMS

	Claims Remaining After Amendment	Highest Number Previously Paid For	No. Extra	Rate	Calculations
Total No. of Claims	11	34	0	x \$ 50 =	\$ 0.00
Independent Claims	1	4		x \$200 =	\$ 0.00
Multiple Dependent Claim(s), if applicable				+ \$360 =	N/A
				TOTAL FEE:	\$ 0.00

Page 1 of 2

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PAGE 3/10 \* RCVD AT 11/7/2006 9:44:03 AM [Eastern Standard Time] \* SVR:USPTO-EFAXF-2/14 \* DNIS:2738300 \* CSID:8123309049 \* DURATION (mm-ss):03-24

Serial No. 10/645,089

PATENT

The Commissioner is authorized to charge our Deposit Account No. 13-2528 in the amount of \$120 for payment of the fee for one month extension of time. In the event of improper payment of a required fee, the Commissioner is authorized to charge or to credit Deposit Account No. 13-2528 as required to correct the error.

Please address all correspondence to:

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Respectfully,

Date: Nov. 7, 2006



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Customer Number

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